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ABSTRACT

The status and problems of aged widows have, to some extent, been camoflaged by the more general concern about older adults. A pilot project was undertaken to identify the existing support networks for aging urban and rural widows and the details of the operation of those systems in order to relate the findings to social and educational policy. Preliminary findings from a sample of 49 widows who were neither disadvantaged nor in a low-income group showed a frequent response of "no one" as an emotional resource. Children and friends were listed next most frequently. These data reveal unmet emotional needs which could be met through educational experiences. The fact that this sample of "above average" widows met most needs through family and friends as resources suggests that educational planners must recognize widows as independent self-regulating individuals. (JAC)

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THE SUPPORT SYSTEMS OF AGING WIDOWS: EDUCATIONAL IMPLICATIONS

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THE PROBLEM. As demographic patterns continue in the direction of an older population, there has been increasing attention paid to the existing support systems (e.g. economic supports through Social Security payments, and social supports such as children and relatives or friends and neighbors, etc.) which are available to sustain this group of aging older adults (approximately 55 years of age and older). There are, of course, many categories of older adults to whom such concern by researchers and policy-makers has been addressed including the general category - older adults. One signfiicant subset of this general population of older adults which has remained somewhat "invisible" is the aged widow. The status and problems of aged widows have, to some extend, been camouflaged by the more general concern with older adults. This lack of recognition is not surprising in light of the historical pattern, now being partially reversed, of minimizing the status of women at all levels of human development (e.g. working women, divorced women, displaced homemakers, etc.).

"'Widow' is a harsh and hurtful word. It comes from the Sanskrit and means 'empty'...

After my husband died, I felt like one of those spiraled shells washed up on the beach. Poke a straw through the twisting tunnel, around and around and there is nothing there. No flesh. No life. Whatever lived there is dried up and gone.

Our society is set up so that most women lose their identities when their husbands die. Marriage is a symbiotic relationship for most of us. We draw our identities from our husbands. We add ourselves to our men, pour ourselves into them and their lives. We exist in their reflection. And then...? If they die...? What is left? It's wrenching enough to lose the man who is your lover, your companion, your best friend, the father of your children, without losing yourself as well" (Caine, 1974, pp. 1 and 18).

The rather peripheral and tangential treatment of aging widows is in direct contrast to the centrality of the aged widow to the population and problems of aging adults (see Table 1). For example, the percentage of women who are widowed increases from approximately 20 percent in the 55-64 age to over 70 percent for women 75 years of age and above (U.S. Bureau of the Census, "Marital Status", 1974). The status of widowhood is, therefore, a prominent feature in the landscape of older adulthood. The lack of recognition of this fact has contributed to the rather sparse data on aged widows and their support systems. The primary objective of this research effort is to develop a pilot project for identifying the existing support networks for aging urban and rural widows and the details of the operation of those systems. A primary purpose of this paper will be to relate these findings to social and educational policy.

TABLE 1: WIDOWS IN THE UNITED STATES 1974

Age Group	% Widows
20-29	0.4
30-39	1.3
40-54	6.4
55-64	20.5
65-74	42.6
75+	68.2

WIDOWHOOD AS A SYSTEM: SOME DEFINITIONS

For purposes of this project, a support is defined as an "action or object which . . . society generally defines as necessary or helpful in maintaining a style of life of a category of its members" (Lopata, 1979, p. 4). According to

Lopata (1979) there are four primary types of supports for widows:

1. Economic supports. These include such things as Social Security payments, pension benefits, financial investments or financial assistance from children.
2. Emotional supports. These include feelings of closeness, enjoyment, confidant relationships, help in a crisis or comfort when one is feeling depressed. These supports can be provided by many people including children, siblings, friends, the self, or by no one.
3. Service supports. These include receiving help with transportation and shopping, or being cared for by a friend when ill.
4. Social supports. These include such activities as visiting friends or participating with friends, siblings, or children in recreation or sports events.

Resources and support systems. The people, institutions, or roles which provide the economic, social, or emotional supports may be called resources. Personal resources would include such things as individual characterisics (e.g. self esteem, sense of competence, locus of control, sense of autonomy, etc.) and educational level. Other resources include children, siblings, friends, neighbors as well as community resources (e.g. helping professions, educators, clergymen, etc.) and societal resources (e.g. the social roles widows are encouraged or discouraged from performing or economic-providing groups such as the Social Security Administration). The support systems of aging widows refers to the constellation of resources which provide a given support. For example, an emotional support system might involve children, friends, neighbors, memories of the deceased husband, and support of a new husband.

THE ECOLOGY OF SOCIAL/EDUCATIONAL SERVICES FOR AGING WIDOWS: A SELECTED REVIEW OF RESEARCH.

The analysis of the support networks of aging widows has received comparatively modest attention given the number of widows in the older adult population. (Lopata, 1973, 1979; Caine, 1974; Harvey and Bahr, 1974; Barrett, 1977; Bornstein, 1973). No attempt will be made in this section to provide a comprehensive overview of research on the various domains of widowhood. Rather the focus will be on the role of social service educational programs in meeting the needs of aging widows. Despite the statistics and facts that clearly point to widowhood as a major social problem, it is not until relatively recently that research has been devoted to its analysis as a social-psychological phenomenon or to the use of public and private resources for helping aging widows. The problems of the readjustment of widows represent not only individual tragedies in many cases, but also a social waste of vast proportions in relation to the potential contribution of widows to the quality of life as both paid and volunteer workers.

The problems of widowhood which are addressed by social service and educational agencies may be divided into two primary categories. In the first place, there are the emotional and psychological difficulties associated with grief and mourning. Once the widow works through her grief and mourning, a second type of problem emerges - building a new life, new relationships, and a new identity (Hiltz, 1977). The primary focus of this research project is on the latter set of problems although problems of grief and loss are not unimportant and are addressed to some extent.

The evolution of social service and educational programs for aging widows has progressed through several phases. During the early 1960's, many social

service agencies, mental health agencies, women's centers, and educational agencies appeared to operate on the assumption that the problems of widows could be dealt with without any new programs or special emphasis or widows (Hiltz, 1977). Silverman (1966) analyzed the intake services of seven social service agencies in the Boston, Massachusetts area that would most likely have widowed clients. These agencies included Family Services, Community Child Guidance Clinics, and Community Adult Psychiatric Clinics. Over the four month period of the study, Silverman found that the Family Service Agencies received no applications from widows for services. She indicated that there were four applications for homemaker service but "the agencies did not associate the call for help with the bereavement" (p. 180). There were nine calls for psychiatric services from bereaved persons. On examining the nature of the requests and diagnoses (depression, alcoholism, schizophrenia), Silverman concluded that "We get an appreciation of how complex the bereaved's problems are and that psychiatric services only briefly touch one aspect of them" (p. 181). Silverman suggested that to effectively serve widows it is necessary to both develop and publicize programs which are specifically for them.

One such program aimed specifically at widows was the "Widow-to-Widow" Program (Silverman, 1974) The Widow-to-Widow Program was an experiment in the possibility of one widow serving as a caregiver to the newly widowed. It was hypothesized that the widow-helper would be able to use her own experience to help others and that her special empatny would enable her to understand and provide the support needed.

The target population for the Widow-to-Widow Program were all widow's under 60, in a specified community in the Boston area. The widow's were identified by examining death certificates. They were then contacted by widows who were recruited as aides. According to Silverman (1974), the program served nearly 430 widows during its 2½ year existence. The Widow-to-Widow Program appeared to be relatively successful as one of the first major attempts to address the needs of widows utlizing widows themselves. The overall Widow-to-Widow Program evolved into two programs. The first, called the "Widow-to-Widow Program" dealt with individuals at a serious moment of need - often in crisis - closely following the death of a spouse. The second part of the program - the Widowed Service Line - developed after the Widow-to-Widow Program was phased out. This was a telephone hot line which reached a wider number of people that the Widow-to-Widow component. The focus of the Widowed Service Line was on the long-term difficulties of widows.

Silverman's use of the self-help principle appears to have anticipated the future direction of many social service programs (Schiamberg and Smith, 1982). The role of the professional in the Widow-to-Widow Program was seen as a facilitator of mutual help in an activity run by the widowed for the widowed. Silverman described this role as follows:

> "At the very outset, I decided that, in order for our program with its special involvement . . . to move toward self-help, I would have to define a special circumscribed role for myself. I knew that the tendency of a professional would be to take charge, run the show, and provide detailed direction as far as helping is concerned. If I did this, I would be setting up a professional agency, with the so-called 'non-professional' in a subordinate role. . . Since I was convinced that the widowed knew best how to help each other, I decided I could not tell any of the aides how to do their jobs. . . From their own successes and even failures, they bring a

> wealth of experience which they apply to helping others. This is the essence of such helping; from one's own life experience, one brings new perspective, hope and understanding." (Silverman, 1974, p. 128).

Another variety of program specifically for widows was the Widows Consultation Center of New York. The center was originally financed in 1970 by the Prudential Insurance Company of America as a center where widows could come for professional help with their financial, legal and emotional problems. It was intended to be a place where they could socialize with other widows and begin the process of rebuilding their lives. Hilz (1977) makes a case for a formal community agency, particularly in large communities, to help widows with their problems. Initial evaluation of the program (Hilz, 1977), indicated problems in attracting widows who would or could come to such a center. In light of these limitations, Hilz (1977) modified her position indicating that the problems of widows could also be met through special services which reached out to widows within larger purpose organizations (e.g. senior citizen programs, women's centers, or family counseling centers).

At the conclusion of her definitive study of widowhood, Lopata (1979) suggested that the "ideal" solution to the many problems of widows would be the creation of neighborhood networks in large cities and community networks in less densely populated areas. These networks would be coordinated by a few paid volunteers who would work out of a community mental health center, church, school, private agency, or a federal agency such as the Social Security Administration. The primary function of the volunteer would be as a "gatekeeper" or link between the widow and available social resources. The network would be composed of several basic elements including a "hot line" for dealing with

immediate problems, a widow information service that would connect the widow with already existing volunteer services, and consistent contact of the widow with trained volunteers (see Table 2).

TABLE 2. TASKS OF A VOLUNTEER COORDINATOR*

BECOME A RESOURCE EXPERT	DEVELOP NEIGHBORHOOD NETWORKS	BRING WIDOWS INTO NEIGHBORHOOD NETWORKS
1. Investigate all the resources of a given neighborhood, or community that could be used for reengagement by older women (e.g. government agencies, churches, voluntary organizations).	1. Contact local organizations and help them form committees of volunteers to work with the network coordinator to provide contact points for widows.	1. Keep an active file of all women who may need acute problem help (e.g. recently widowed, trying to find work)
2. Investigate the major resources of the larger community including employment agencies and jobs available for women, transportation systems, organized educational programs etc.	2. Coordinate the volunteer committees of the various organizations in the neighborhood.	2. Keep on active file women with chronic problems.
3. Learn the lines of connection to special problem-solving agencies (e.g. legal, financial, health etc.)		3. Assign members of committees from organizations who form the network to each new acute problem case to ensure continued, regular, contact with both acute and chronic cases; follow-up, those who drop out of the network to prevent neglect.

*Based on H. Z. Lopata, Women As Widows. New York: Elsevier North Holland, Inc., 1979- p. 385-6.

METHODS. (1) Sample selection. The proposed research project will focus on a sample of aged widows 55 years of age and older. The age 55 will be used as a lower limit since the age range 55-64 years is the first age bracket wherein the status of widowhood becomes a prominent statistical reality (approximately 20 percent of women 55-64 years of age are widows with the percentage increasing to 70 percent at 75 years of age, U.S. Census Bureau, 1974). In addition, women from age 55 and above comprise almost 80 perdent of all widows (Lapata, 1979).

For comparison purposes, the sample will be divided into the following primary groups:

(a) Urban Widows (N = 50). These will be randomly selected from the Lansing, Michigan metropolitan area.

(b) Rural Widows (N = 50). These will be drawn from both rural-farm and rural non-farm. The U.S. Census Bureau definition of rural areas will be used in terms of population size and distance from more heavily populated areas.

In addition to the above sample organization, the sample will be purposefully selected and stratified to include percentages of widows at each age range (e.g. 60-64; 65-70) matching the U.S. Census percentages for urban or rural areas. Where possible widows will be selected to reflect representative educational and economic levels. U.S. Census percentages will also be used to select numbers of selected minority groups such as Blacks and Spanish Americans.

(2) Questionnaire and interviewing. The instrument used will measure support system variables which include the following: sociodemographic characteristics, living arrangements, health characteristics, transportation, life satisfaction, attitude toward the deceased husband, morale of the widow, relationships with siblings, relationships with children, and relationships with friends. The widows will be interviewed by a middle-aged female graduate student who will complete the questionnaires with them. The use of middle-aged female interviewers is based on Lopata's (1979) findings that such middle-aged woemn are likely to be sensitive to the concerns of the aged widow.

PRELIMINARY FINDINGS AND EDUCATIONAL/POLICY SIGNIFICANCE: A PORTRAIT OF THE ABOVE-AVERAGE WIDOW.

Findings for this project are preliminary at this time. Of the total sample of 100 representative aging widows, data from approximately 49 have been collected and analyzed. Because data collection for the total sample has not been completed, the number of rural widows is rather small (N = 24), therefore, results will be discussed in terms of the total sample (N = 49) with no attempt, at this time, to make urban/rural comparisons. Because of the rather small sample size, our findings are reported primarily in descriptive terms.

Some demographic characteristics and personal resources. The ages of the widows were chosen to reflect, as closely as possible the ages of widows in the national population (see Table 3). Educational level and income level for this group of widows was somewhat higher than that of the "average" widow (see Table 4 and 5). It is important to keep this in mind in interpreting these preliminary findings. In essence, most of the widows in this subsample of the total project sample are not low-income or disadvantaged individuals. To date the majority of studies

TABLE 3: AGES OF WIDOWS

Age	N	Percentage
55-65	6	12.2%
66-76	24	49.0%
77-87	16	32.7%
Over 87	3	6.1%

TABLE 4: EDUCATIONAL LEVEL

Level of Attainment	N	Percentage
Grades 1-9	9	18.3%
Some high school	9	18.4%
High school graduate	8	16.3%
Some college	12	24.5%
College graduate	9	18.4%
Some graduate study	2	2.0%

TABLE 5: INCOME LEVEL

Income Range	N (N=47)*	Percentage
Below $3,000	1	2.1%
3,000-4,999	8	17.1%
5,000-9,999	16	34.0%
10,000-14,999	9	19.1%
15,000-19,999	2	4.3%
20,000-24,999	6	12.8%
Above 25,000	5	10.6%

*Two widows refused to respond

on aging widows have focused on low-income individuals. (Lopata, 1979). Essentially, the findings presented here are those for the "other half" of the socioeconomic spectrum of aging widows. This latter group is of importance in its own right, as well as a group of interest to educators and program planners.

As indicated earlier the major emphasis of this research project is on the "second set" of problems which widows address after concerns of mourning and and grief have at least been partially resolved. The sample was intentionally selected to include those women who have been widowed for at least four years. Almost 75% of the subsample of 49 widows is made up of women who have been widowed for at least four years or more (see Table 6).

TABLE 6: YEARS OF WIDOWHOOD

Years	N	Percentage
1-3 years	7	14.4%
4-9 years	20	40.8%
10-15 years	13	26.6%
16 years plus	9	18.2%

Selected support systems. In light of the nature of the support system data collected on the subsample of aging widows in this project, the application of findings to educational services and policy is best viewed in terms of general guidelines for educational planners.

1) Economic supports. As indicated in Table 5, the 49 widows in the sample are economically well-off. Table 6 further illustrates that these widows also perceive their current economic situation as quite positive. Clearly economic factors provide no barrier to

TABLE 7: PERCEIVED FINANCIAL STATUS

Perception of income	N	Percentage
Severely restricted	1	2.0%
Somewhat restricted	2	4.1%
Comfortable	26	53.1%
Very comfortable	20	40.8%

further educational development for this group of widows. These widows are, for the most part, economically self sufficient. Furthermore, the relatively high level of educational attainment (see Table 4), coupled with economic factors, would seem to provide a strong liklihood of continued education (Havighurst, 1976).

2) Emotional Supports. In terms of emotional support systems, it was rather surprising to find the frequent response of "no one" as an emotional resource. To the question "who makes you feel independent? 46.8% answered "no one" (the most frequent response choice) (see Table 7).

TABLE 7: WHO MAKES YOU FEEL INDEPENDENT?

Person	N*	Percentage
Child	16	34.1%
Sibling	1	2.1%
Friend	4	8.5%
No one	22	46.8%
Memory of husband	4	8.5%

*47 respondents

Likewise almost 50% of the sample indicated that "no one" made them feel self sufficient (see Table 8). Almost 20% of the sample indicated that, no one made

TABLE 8: WHO MAKES YOU FEEL SELF SUFFICIENT?

Person	N*	Percentage
Child	16	34.1%
Sibling	2	4.2%
Friend	4	8.5%
No one	23	49.0%
Memory of husband	2	4.2%

*47 respondents

them feel secure (third most frequent response behind children, and friends). These data suggest that there are unmet emotional needs which might serve as a basis for seeking interpersonal interaction through educational experiences. Daniel, Templin and Shearon (1977) found that adults over 60 years of age in adult education programs ranked "to meet interesting people" as the second most common reason (after "to learn more things of interest") for participation in continuing education. It is interesting to note, in this regard that Havighurst (1976) found that individuals with lower levels of educational attainment took courses primarily to expand general knowledge, to make good use of time, and to be with other people.

3) Service and social support. Unfortunately, the project questionnaire did not measure, in any detail, specific "educational" services provided by various resources (e.g. children, siblings, agencies etc.) for widows. Rather, the focus was on assessing whether immediately necessary services (e.g. help with shopping, providing transportation, providing legal assistance, caring for the widow when ill, making minor household repairs, providing financial help, providing clothing etc.). Our findings indicate that our subsample of "above average" widows were able to meet most of their service needs through family and friends as resources. For example, 41 widows (83.7%) indicated that they needed transportation resources and that such transportation was provided by children (40%), siblings (10%), and friends (50%). The general picture is one of a group of widows whose personal and family resource system is sufficient for meeting basic needs. The need for and use of educational programs is therefore, probably accomplished in an individualized and unique fashion for each widow. Since our sample of aging widows appear to have fashioned a rather unique and complete support stytem, the

challenge for educational planners would be to enhance and support the organized "ecosystem" of resources with educational program offerings that recognize the widow as an independent self regulating individual rather than as a refugee from a prior marriage.

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